

12-08-04

AF \$ JW

PTO/SB/17 (11-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2005</h2> <p style="text-align: center; font-size: small;">Effective 10/01/2004. Patent fees are subject to annual revision.</p>		Complete if Known	
		Application Number	10/071,379-Conf. #1774
		Filing Date	February 6, 2002
		First Named Inventor	Sudhakar Bobba
		Examiner Name	M. Y. Dimyan
		Art Unit	2825
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	03226/158001; P6867
TOTAL AMOUNT OF PAYMENT	(\$) 340.00		

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																													
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None		<h3>2. EXTRA CLAIM FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>Each independent claim over 3</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td>Total Claims</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">- 20 or HP = _____ x _____ = _____</td> </tr> <tr> <td colspan="3" style="text-align: center;">HP= highest number of total claims paid for, if greater than 20</td> </tr> <tr> <td>Indep. Claims</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">- 3 or HP = _____ x _____ = _____</td> </tr> <tr> <td colspan="3" style="text-align: center;">HP= highest number of independent claims paid for, if greater than 3</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (2) \$</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims			- 20 or HP = _____ x _____ = _____			HP= highest number of total claims paid for, if greater than 20			Indep. Claims			- 3 or HP = _____ x _____ = _____			HP= highest number of independent claims paid for, if greater than 3			Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	Subtotal (2) \$		0.00
Fee Description	Fee (\$)					Small Entity Fee (\$)																																									
Each claim over 20	18	9																																													
Each independent claim over 3	88	44																																													
Multiple dependent claims	300	150																																													
For Reissues, each claim over 20 and more than in the original patent	18	9																																													
For Reissues, each independent claim more than in the original patent	88	44																																													
Total Claims																																															
- 20 or HP = _____ x _____ = _____																																															
HP= highest number of total claims paid for, if greater than 20																																															
Indep. Claims																																															
- 3 or HP = _____ x _____ = _____																																															
HP= highest number of independent claims paid for, if greater than 3																																															
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																													
Subtotal (2) \$		0.00																																													
Deposit Account Number: <u>50-0591</u> Deposit Account Name: <u>Osha & May L.L.P.</u> The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____																																															
FEE CALCULATION																																															
1. BASIC FILING FEE																																															
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>																																												
Utility Filing Fee	790	395	_____																																												
Design Filing Fee	350	175	_____																																												
Plant Filing Fee	550	275	_____																																												
Reissue Filing Fee	790	395	_____																																												
Provisional Filing Fee	160	80	_____																																												
Subtotal (1) \$			0.00																																												
3. OTHER FEES																																															
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid</u>																																												
1-month extension of time	110	55	_____																																												
2-month extension of time	430	215	_____																																												
3-month extension of time	980	490	_____																																												
4-month extension of time	1,530	765	_____																																												
5-month extension of time	2,080	1,040	_____																																												
Information disclosure stmt. Fee	180	180	_____																																												
37 CFR 1.17(q) processing fee	50	50	_____																																												
Non-English specification	130	130	_____																																												
Notice of Appeal	340	170	_____																																												
Filing a brief in support of appeal	340	170	_____																																												
Request for oral hearing	300	150	_____																																												
Other: _____																																															
Subtotal (3) \$			340.00																																												

SUBMITTED BY			
Signature	<u>[Signature]</u> #45,079	Registration No. (Attorney/Agent)	51,048
Name (Print/Type)	Wasif Qureshi	Telephone	(713) 228-8600
		Date	December 7, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV576718988US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 7, 2004 Signature: [Signature] (Beri W. Hartwell)



32615

PATENT TRADEMARK OFFICE

PTO/SB/31 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 03226/158001; P6867	
In re Application of Sudhakar Bobba et al.			
Application Number 10/071,379-Conf. #1774		Filed February 6, 2002	
For SIGNAL SHIELDING TECHNIQUE USING ACTIVE SHIELDS FOR NON-INTERACTING DRIVER DESIGN			
Art Unit 2825		Examiner M. Y. Dimyan	

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 340.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0591. I have enclosed a duplicate copy of this sheet.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

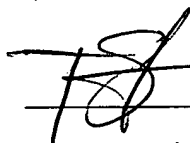
I am the

applicant /inventor.

assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

attorney or agent of record. Registration number 51,048

attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.

 #45,079
Signature

Wasif Qureshi
Typed or printed name

(713) 228-8600
Telephone number

December 7, 2004
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

12/09/2004 GWORDDF1 00000006 10071379

01 FC:1401
00 FC:

340.00 DP

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV576718988US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 7, 2004

Signature:  (Beri W. Hartwell)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Sudhakar BOBBA et al.
Serial No.: 10/071,379
Filed : February 6, 2002
Title : SIGNAL SHIELDING TECHNIQUE USING ACTIVE SHIELDS FOR NON-INTERACTING DRIVER DESIGN

Art Unit : 2825
Examiner : Magid DIMYAN

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

32615
PATENT TRADEMARK OFFICE

NOTICE OF APPEAL UNDER 37 CFR § 1.191

Applicant hereby respectfully appeals to the Board of Patent Appeals and Interferences from the Office Action dated September 7, 2004, in which claims 1 and 3-15 were finally rejected. A check in the amount of \$340.00 is enclosed for the fee required to file a Notice of Appeal. Please apply any charges not covered, or apply any credits due, to Deposit Account No. 50-0591 (Reference No. 03226.158001; P6867).

Date: 12/7/04

Respectfully submitted,

Wasif H. Qureshi, Reg. No. 51,048
OSHA & MAY L.L.P.
1221 McKinney Street, Suite 2800
Houston, TX 77010
Telephone: (713) 228-8600
Facsimile: (713) 228-8778